

Application Forms

Title I School Improvement Accountability Grant Program



Application Due Date: October 15, 2001

Submit one copy each of the application to the following two offices:

*Office of Grants Management and Development
and*

Office of Specialized Populations

New Jersey Department of Education

PO Box 500

Trenton, New Jersey 08625-0500

Attention: *School Improvement Accountability Application*

Web Address: <http://www.state.nj.us/njded/grants/entitlement/index.html>

September 2001

Office of Specialized Populations, New Jersey Department of Education, Division of Student Services

APPENDIX C

APPLICATION AND INSTRUCTIONS

TITLE PAGE

LEA:	Enter the name of the LEA
County Name:	Enter the name of the county where the LEA is located.
Project Code:	Enter the four-digit district code.
Chief School Administrator:	Enter the name of the chief school administrator.
Phone:	Enter the phone number of the chief school administrator.
Fax:	Enter the fax number for the chief school administrator.
Contact Person:	Enter the name of the contact person for this grant.
Phone:	Enter the phone number of the contact person.
Fax:	Enter the fax number of the contact person.
Address	Enter address of the LEA.
E-mail:	Enter the email address for the contact person.
Board Approval Date for Submission:	Enter the date of the board approval for submission of this application. A board resolution must be attached if the application is submitted prior to the board approval.
Assurances and Certification:	Type the name of the chief school administrator and the chief school administrator signs and dates the assurances.
<p>Please note: <i>The school district will be accountable for all activities checked and described in the application in accordance with the guidelines for this grant. Any deviation from the strategic intervention program will be the financial responsibility of the school district.</i></p>	
Use of LEA funds: (Check all that apply. Complete attached page description for each box checked.)	Check all that apply: <i>Technical Assistance</i> if the LEA will provide this service to the school(s). <i>Curriculum Alignment</i> if the LEA will provide comprehensive work in this area. <i>Corrective Action</i> if the LEA will provide this service to the school(s). <i>School Choice/Transportation</i> if the school district will use these funds to facilitate the school choice process and/or provide transportation to the alternative school. <i>Private school Students</i> if the LEA will develop an improvement plan that has the greatest likelihood of improving the performance of participating private school children in meeting the state student performance standards.
Name of LEA/ SIA Schools	Complete the name of the LEA. List <u>only</u> the names of the eligible schools that were listed in the allocation notice that will participate in the SIA Grant program. Include the three-digit school code for each participating school.
Grand Total Requested	Enter the amount of requested funds for the LEA. This amount depends on number of schools participating. See LEA chart in the guideline on page 2. Include the amount requested for each eligible school. The allocation notice lists the eligible schools and identifies the amount of funds. Enter the grand total of funds requested.



New Jersey Department of Education
Title I School Improvement Accountability
Grant Application
 Fiscal Year 2002
TITLE PAGE

LEA:	County Name:	Project Code: SIA ____ - ____ - ____ - ____ -02 Project Duration: 11/1/2001 – 9/30/2002
Chief School Administrator:	Phone:	Fax:
Contact Person:	Phone:	Fax:
Address:		Email:
		Board Approval Date for Submission:

ASSURANCES AND CERTIFICATION

1. All parents of students enrolled through the comprehensive needs assessment process who are in schools in need of improvement have been informed of school choice option available to their children.
2. The comprehensive needs assessment will be completed within the first three months of the grant period.
3. All professional development and inschool support service(s), including teacher mentoring and supporting grant funds will be provided based on needs identified
4. The LEA supports all reform efforts in the identified schools and will provide technical assistance as needed to support school change.
5. In accordance with EDGAR, 34 CFR Part 76.708, LEAs may begin to obligate funds on the later of the following dates:
 - the beginning of the project period (November 1, 2001), subject to the receipt of the federal award by the NJDOE; or
 - the date that the application is received by NJDOE in substantially approvable form.

I certify that the information contained in this application is correct and complete for those funds for which the district has applied; and that the applicant agency has authorized me, as its representative, to give the above assurances and to submit this application.

 Typed Name of Chief School Administrator Signature of Chief School Administrator Date

Use of LEA Funds	Name of LEA/SIA Schools		Total Amount Requested
(Check all that apply. Complete attached page description for each box checked.) <input type="checkbox"/> Technical Assistance <input type="checkbox"/> Curriculum Alignment <input type="checkbox"/> Corrective Action <input type="checkbox"/> School Choice/Transportation <input type="checkbox"/> Private School Students	LEA		\$
	School Codes & School Names		\$
			\$
			\$
			\$
			\$
			\$
			\$
	Grand Total Requested:		\$

APPLICATION AND INSTRUCTIONS

DESCRIPTION OF LEA USE OF FUNDS

- ♦ Enter the LEA and county name. Enter the four-digit LEA code.
- ♦ Duplicate this page as necessary to provide a complete explanation of each area for the **LEA Use of Funds**.
- ♦ Check (✓) the area that will be described on each page: **Technical Assistance, Curriculum Alignment, Corrective Action, School Choice/Transportation And Private School Students**.
- ♦ **Target Population/Objectives:** Describe the measurable objectives that the LEA has identified to address the **LEA of Use of Funds** area and describe the target population, the outcomes to be achieved and the date by which the measurable outcome will be achieved.
- ♦ **Activities:** List the activities that will be implemented to achieve the objectives.
- ♦ **Outcome Measures:** Indicate the measure that will determine progress toward achieving the objectives and the success of the project.

Note: Since the use of the program funds is prescribed in the guidelines, the detail should not deviate from design, but describe how the given structure of the school district will augment the design.



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DESCRIPTION OF LEA USE OF FUNDS

LEA: _____ County: _____

Project Code: SIA - _ _ _ _ - 02

Check all the apply:

☐ Technical Assistance ☐ Curriculum Alignment ☐ Corrective Action ☐ School Choice/Transportation ☐ Private School Students

TARGET POPULATION/OBJECTIVES	ACTIVITIES	OUTCOME MEASURES

Use additional sheets, as needed.

APPLICATION AND INSTRUCTIONS

SCHOOL INFORMATION

LEA:	Enter the name of the LEA
County:	Enter the name of the county in where the LEA is located.
Project Code:	Enter the four-digit LEA code.
School Name:	Enter the name of the school.
Grade Span:	Enter the grade span of the school.
Contact Person:	Enter the primary district person that will be responsible for all grant and program questions.
Poverty %:	Enter the poverty level of the school as indicated on the IASA Eligibility page submitted in the 2001-2002 grant application.
Phone:	Enter the phone number of the contact person.
Fax:	Enter the fax number for the contact person.
E-mail:	Enter the email address for the contact person.

Accountability Plan	<ul style="list-style-type: none"> ♦ Check the description of the vendor. ♦ Enter the name and address of the vendor selected to develop the program comprehensive data analysis and need assessment, and accountability plan.
Exception	Provide an explanation as to why school is not implementing the Accountability Plan requirement and submit documents that the school considers as a replacement for the accountability plan. Use another sheet if necessary.
School Support (Must complete description form)	Check the type of school support and enter the name of the school reform program selected. If Research-based reform is selected, provide the name of the program.
School Choice (Must complete description form)	Check the type of School Choice Plan selected. If Lack of Capacity is selected, check either, No other schools serving same grades or Violates state/federal law and provide citation.
Assurances and Certification	Each school principal in the schools that will be funded under this grant must sign and date the Assurances and Certification.



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SCHOOL INFORMATION

LEA: _____ County: _____ Project Code: SIA- _____-02

School Name:		Grade Span:
Contact Person:		Poverty %:
Phone:	Fax:	Email:

Accountability Plan	<input type="checkbox"/> College/University <input type="checkbox"/> Laboratory for Student Success <input type="checkbox"/> Comprehensive Assistance Center Name & Address:	School Support <small>(Must complete description form)</small>	<input type="checkbox"/> Extended-learning <input type="checkbox"/> Master Teacher Program <input type="checkbox"/> Accelerated/Enrichment Program <input type="checkbox"/> Research-based reading or math: _____ <input type="checkbox"/> Research-based reform: _____ <input type="checkbox"/> Parent Involvement
		School Choice <small>(Must complete description form)</small>	<input type="checkbox"/> Open Enrollment <input type="checkbox"/> Magnet Program <input type="checkbox"/> Partner/Paired Schools <div style="text-align: right;"><i>Number of Slots available:</i> _____</div>
	<div style="border: 1px solid black; padding: 5px;"> LACK OF CAPACITY: Check if applicable below & describe <input type="checkbox"/> No other schools serving same grades <input type="checkbox"/> Violates state/federal law (Cite): _____ </div>		
<input type="checkbox"/> Exception (For Accountability Plan and/or Lack of Capacity)			

ASSURANCES AND CERTIFICATION

1. All parents of students enrolled through the comprehensive needs assessment process in schools in need of improvement have been informed of school choice option available to their children.
2. The comprehensive needs assessment will be completed within the first three months of the grant period.
3. All professional development and inschool support service(s), including teacher mentoring and supporting grant funds, will be provided based on needs identified.
4. The LEA supports all reform efforts in the identified schools and will provide technical assistance as needed to support school change.
5. In accordance with EDGAR, 34 CFR Part 76.708, LEAs may begin to obligate funds on the later of the following dates:
 - the beginning of the project period (November 1, 2001), subject to the receipt of the federal award by the NJDOE; or
 - the date that the application is received by NJDOE in substantially approvable form.

I certify that the information contained in this application is correct and complete for those funds for which we applied and that the applicant agency has authorized me, as its representative, to give the above assurances in submitting this application.

Type Name of Principal	Signature of School Principal	Date

APPLICATION AND INSTRUCTIONS

DESCRIPTION OF SCHOOL PLANS

- ♦ Enter the school name and code, and county name. Enter the four-digit LEA code.
- ♦ Duplicate this page as necessary to provide a complete **Description of the Support Plan**. Check (✓) the type of school support plan and provide a description in the space below.
- ♦ Duplicate this page as necessary to provide a complete **Description of the School Choice Plan**. Check (✓) the type of school choice plan and provide a description in the space below. Include the reason for selecting the type of school choice plan and name all schools involved.



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DESCRIPTION OF SCHOOL PLANS

School: _____ School Code: _____ County: _____ Project Code: SIA- _____-02

DESCRIPTION OF SCHOOL SUPPORT PLAN: ☐ Extended-learning ☐ Master Teacher Program
☐ Accelerated/Enrichment Program ☐ Research-based reading or math ☐ Research-based reform ☐ Parent Involvement

DESCRIPTION OF SCHOOL CHOICE PLAN ☐ Open Enrollment ☐ Magnet Program ☐ Partner/Paired Schools

APPLICATION AND INSTRUCTIONS

BUDGET SUMMARY

NOTE: Refer to the Uniform Minimum Chart of Accounts distributed by the Office of Finance for specific instructions regarding classification of expenditures within category headings. Use whole numbers only.

1. Complete the LEA name, county name and four-digit project code.
2. Indicate the amount budgeted in each of the expenditure categories for the activities supported through this project by funding source. The budgeted amounts in each category on the Project Budget Summary must match the subtotals for the expenditure categories by funding source itemized on the Budget Detail.
3. The Total line in each column must be equal to the amount indicated in the allocation notice.
4. The LEA - Business Administrator signature and date is required.

Note: Shading is provided as a broad guide for unallowable costs.



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BUDGET SUMMARY

LEA: _____ County: _____ Project Code: SIA- _____ -02

EXPENDITURE CATEGORY	FUNC. & OBJECT CODES	SCHOOL IMPROVEMENT ACCOUNTABILITY GRANT AREAS				
		LEA	School Level			TOTAL
		LEA Funds	Accountability Plan	School Support	School Choice	
INSTRUCTION						
Personal Services - Salaries	100-100					
Purchased Prof. & Tech. Services	100-300					
Other Purchased Services	100-500					
General Supplies	100-600					
Other Objects	100-800					
SUBTOTAL INSTRUCTION						
SUPPORT SERVICES						
Personal Services - Salaries	200-100					
Personal Services- Employee Benefits	200-200					
Purchased Prof. & Tech Services	200-300					
<i>Purchased Prof -Ed. Serv.</i>	200-320					
Purchased Property Serv.	200-400					
Other Purchased Services	200-500					
<i>Travel</i>	200-580					
Supplies and Materials	200-600					
Other Objects	200-800					
<i>Indirect Costs</i>	200-860					
SUBTOTAL-SUPPORT SERVICES						
Fac. Acq. & Construction Serv. – Buildings	400-720					
Instructional Equipment	400-731					
Noninstructional Equipment	400-732					
SUBTOTAL-FACILITIES ACQ. & CONSTRUCTION SERVICES						
Schoolwide Programs: Abbott	520-930					
Schoolwide Programs: Non-Abbott	520-932					
TOTAL PROJECT EXPENDITURES						

LEA BUSINESS ADMINISTRATOR NAME

LEA BUSINESS ADMINISTRATOR SIGNATURE

DATE

APPLICATION AND INSTRUCTIONS

BUDGET DETAIL FOR SIA SCHOOLS (Complete one page for each school.)

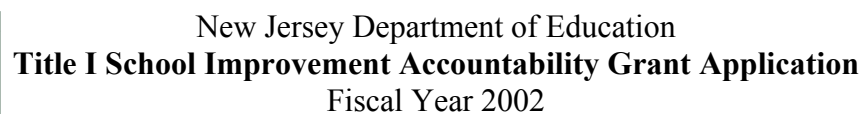
The budget detail provides a specific budget of the costs being funded for the school(s). All costs should be clearly described and categorized by GAAP function/object code. The subtotal of each function/object code must equal the amount indicated on the Budget Summary and allocation page. Each item budgeted must be related to the funding categories: accountability plan, school support, and school choice and the activity described in detail in the Description of School Plans page(s).

APPLICATION AND INSTRUCTIONS

LEA BUDGET DETAIL

The budget detail provides a specific budget of the costs being funded for the LEA. All costs should be clearly described and categorized by GAAP function/object code. The subtotal of each function/object code must equal the amount indicated on the Budget Summary and allocation page. Each item budgeted must be related to the funding categories as follows: technical assistance, curriculum alignment, corrective action, school choice/transportation and private school students and the activities described in detail in the Description of LEA

Funds page(s).



LEA: _____ County: _____ Project Code SIA _____ -02

LEA-Business Administrator Signature: _____ Date: _____
Use additional sheets, if needed

APPLICATION AND INSTRUCTIONS

LEA/SCHOOL ALLOCATION REFUSAL

- ♦ Enter the LEA and county name. Enter the four-digit LEA code.

Enter the LEA name for the board of education and the date that the board voted to not apply for all of the SIA grant funds.

- or -

- ♦ If the LEA is not applying for funding for any of the eligible schools in the LEA, list the schools that will be excluded from funding.
- ♦ The chief school administrator and the board secretary must sign the LEA/School Allocation Refusal. Provide the date that the board approved the refusal of funds.



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LEA/SCHOOL ALLOCATION REFUSAL

LEA: _____ County: _____ Project Code: SIA- _____-02

The _____ Board of Education on _____ (date) hereby resolves ***not*** to apply for any of the Title I School Improvement Accountability Grant funds for Fiscal Year 2002 for the LEA and all of its eligible schools.

- or -

The LEA is ***not applying*** for Title I School Improvement Accountability Grant funds for the following eligible schools:

School Name:
School Name:
School Name:
School Name:
School Name:
School Name:
School Name:
School Name:
School Name:
School Name:
School Name:

It is understood that this refusal to apply for funds for Fiscal Year 2002 will not prevent the district from applying for or receiving funding for any subsequent year if eligible.

Chief School Administrator Signature

Board Secretary Signature

Board Approval Date